



# EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections  
Fire Prevention Division  
375 Jackson Street – Suite 220  
Saint Paul MN 55101  
Fax: 651-266-8951

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_

## Type of Heat:

Gravity Air \_\_\_\_\_ Forced Air \_\_\_\_\_ Gravity Hot Water \_\_\_\_\_ Forced Hot Water \_\_\_\_\_  
Steam \_\_\_\_\_ Unit Heater \_\_\_\_\_ Space Heater \_\_\_\_\_ Other \_\_\_\_\_

Type of Fuel: Gas \_\_\_\_\_ Oil \_\_\_\_\_ Other \_\_\_\_\_

### Gas Design

Make of Burner \_\_\_\_\_  
Model \_\_\_\_\_  
Serial \_\_\_\_\_  
Input \_\_\_\_\_

### Conversion

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Max. BTU Rating \_\_\_\_\_  
Make of Furnace \_\_\_\_\_

Equipment venting type: Atmospheric \_\_\_\_\_ Induced Fan \_\_\_\_\_ Other \_\_\_\_\_

Total BTU input of all vented gas appliances per chimney: \_\_\_\_\_

Type of Chimney: Masonry \_\_\_\_\_ Class B \_\_\_\_\_ Other \_\_\_\_\_

Type of Liner: None \_\_\_\_\_ Metal \_\_\_\_\_ Clay Tile \_\_\_\_\_

Combustible Air Supply Required?: Yes \_\_\_\_\_ No \_\_\_\_\_ Installed?: Yes \_\_\_\_\_ No \_\_\_\_\_

## Safety & Operating Control Tests:

Yes

No

## Fuel Analysis/Flue Gas Analysis:

Yes

No

Pilot/Flame Safeguard Operating Properly \_\_\_\_\_

Limit(s) Operating Properly \_\_\_\_\_

Operator(s) Operating Properly \_\_\_\_\_

Low Water Cut-Off Operating Properly \_\_\_\_\_

All Controls Operating Properly \_\_\_\_\_

Vents Properly without Spillage \_\_\_\_\_

Flame Stays Inside/Doesn't Roll Out \_\_\_\_\_

Burner Lights Smoothly \_\_\_\_\_

Initial

Final

Visual Inspection

Yes

No

Stack Temperature \_\_\_\_\_

F/Net

F/Net

Fuel Piping System – Okay \_\_\_\_\_

Oxygen \_\_\_\_\_

%

%

Vent Systems—Draffhood,  
Connector, Vent Chimney-- Okay \_\_\_\_\_

Carbon Dioxide \_\_\_\_\_

%

%

Carbon Monoxide \_\_\_\_\_

% / ppm

% / ppm

Heating Unit – Okay \_\_\_\_\_

Carbon Monoxide Detector (tube type) Positive \_\_\_\_\_ Negative \_\_\_\_\_

## Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Name of  
Licensed Contractor: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Person Doing Test (Print) \_\_\_\_\_ (signature) \_\_\_\_\_

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: \_\_\_\_\_

## **RESIDENTIAL HEATING**

Chapter 34 of the Saint Paul Legislative Code, known as the “Housing Code”, sets minimum standards for health and life safety for occupants of all residential property in Saint Paul.

Many owners have confused the legal dates of Xcel shut-off requirements (October to April) with the code requirement to provide heat. To clarify this specific requirement, please note that a building owner or manager is responsible to maintain the heat in a dwelling unit to 68 degrees five feet above the floor in any occupied room at any time, throughout the year. Failure to do so may result in enforcement action. The laws not allow tenants to remain in a dwelling that lacks basic services (heat, light, water).

Please cooperate with Fire Prevention efforts to maintain a high level of health and life safety for occupants of all Saint Paul rental property.

Chapter 34 (Revised January, 1993) provides for assurance of safe heating equipment by allowing The enforcement officers to require proof of current service of any heating or space heating facility by a licensed contractor. The documentation of the service must include a carbon monoxide reading. We have furnished you with a form (see back of this page) to furnish your service contractor. Please have the contractor fill out the form and return it to the inspector during the Certificate of Occupancy renewal inspection (or referral inspection if a problem is apparent). This will expedite the inspection process and help assure the safety of tenants and protection of your property.

**Department of Safety and Inspections  
Fire Inspection Division**